

## **Resident Alcoholic Beverage Catering License Application**

Pursuant to the Chapter 4 Alcoholic Beverages Ordinance an *alcoholic beverage caterer* means any retail dealer licensed pursuant to the alcoholic beverage ordinance of the City of Dunwoody who provides alcohol at authorized events or functions, special events, or special events facilities. The license requirements for a Resident Alcoholic Beverage Catering License is listed below. Additional details can be found in Chapter 4 Section 4-27 Alcoholic Beverage Caterers.

1. Any resident caterer who possesses a valid license from the city to sell or otherwise dispense malt beverages, wine or distilled spirits by the drink at a fixed location within the city may apply for an off-premises license that permits sales at authorized catered events or functions.
2. Each off-premises catering license, authorized herein, shall be valid only for the event for which the license is issued.
3. It shall be unlawful for any person to engage in, carry on, or conduct the sale or distribution of alcoholic beverages off-premises and in connection with a catered event or function without first having obtained a license as provided herein.
4. A licensed alcoholic beverage caterer may sell or otherwise dispense only that which is authorized by his alcoholic beverage license. For example, if the alcoholic beverage caterer possesses a valid license to sell malt beverages, he may sell or otherwise dispense only malt beverages at the authorized catered event or function.
5. Sunday sales. An alcoholic beverage caterer wishing to cater an event or function on Sunday must possess a valid Sunday sales license and comply with the requirements of state law with respect to the service of alcoholic beverages on Sunday.
6. Excise taxes are imposed upon the sale of alcoholic beverages by a resident caterer as provided in article 8 of this chapter.
7. Excise taxes are imposed upon the total of individual alcoholic beverage drinks served by a nonresident caterer in the amounts set forth in article 8 of this chapter and shall be paid within 30 days after the conclusion of the catered event or function.

Please submit the following Resident Alcoholic Beverage Catering License Application and required supplemental materials to the Finance Department, located at 41 Perimeter Center East, Suite 250, Dunwoody, GA 30346. If you have questions, please do not hesitate to contact the Finance Department at (678) 382-6700.

## License Checklist

### Application Requirements:

- ☐ Resident Alcoholic Catering License Application Information
- ☐ Applicant's Certification (Notarized)
- ☐ SAVE Affidavit (Notarized)
- ☐ Alcohol Excise Tax Acknowledgement
- ☐ Alcoholic Beverage Provider Information
- ☐ Copy of Alcoholic Beverage Provider's Alcohol License
- ☐ Copy of valid Pouring Permit License
- ☐ Copy of valid Occupational Tax Certificate
- ☐ Payment in full

### The following requirements may be required, if applicable:

- ☐ Pouring Permit
- ☐ Background Check Consent Form

## Resident Alcoholic Beverage Catering License Application

### **Business Organization Details**

Name of Business/Organization (Alcohol Provider): \_\_\_\_\_

Physical Business/Organization Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature of Licensee: \_\_\_\_\_

### **Event Details**

Name of Event: \_\_\_\_\_

Location of the Event (physical address): \_\_\_\_\_

Date of Event: From \_\_\_\_\_ To \_\_\_\_\_

Duration of Event/# of Days (\$50 per day): \_\_\_\_\_

Actual Event Hours: \_\_\_\_\_ am/pm Until: \_\_\_\_\_ am/pm

Types & Quantity of Alcoholic Beverages to be Served: \_\_\_\_\_

### **Property Details**

Name of Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

<input type="checkbox"/>	Administrative Fee: Beer/Wine		\$100.00	\$	_____
<input type="checkbox"/>	Administrative Fee: Liquor		\$200.00	\$	_____
<input type="checkbox"/>	Resident Catering License	#days_____	X \$50.00	=	\$_____
<input type="checkbox"/>	Pouring Permit	#_____	X \$60.00	=	\$_____
<input type="checkbox"/>	Background Check	#_____	X \$50.00	=	\$_____
			<b>Total Fees Due:</b>	\$	_____

\*\*Checks are made payable to the City of Dunwoody\*\*

## Resident Catering License Applicant's Certification/Affidavit

Name of Event: \_\_\_\_\_

Brief Description of Event: \_\_\_\_\_

Address of Event: \_\_\_\_\_

I hereby agree that as a condition to the issuance of a Resident Alcoholic Beverage Catering License, the business owner/sponsor of the Event shall indemnify and hold the City harmless from claims, demand or cause of action which may arise from activities associated with the event.

I hereby solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Resident Alcoholic Beverage Catering License are true, and no false or fraudulent statement or answer is made herein to procure the granting of such permit.

I hereby state and understand that should a complaint be filed against the owner/sponsor of the Event for violation of any regulation associated with the application for the City of Dunwoody Resident Alcoholic Beverage Catering License, the permit issued for the event will immediately become void and will not reissue for the same location.

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and Attested before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature/Seal: \_\_\_\_\_

<b>Staff Use Only</b>	
Permit #:	Administrative Fees: N/A
FA Processed By:	FA Permit Fees:
Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date:

**O.C.G.A. § 50-36-1(e)(2) Affidavit Verifying Status for City Public Benefit**

**\*\*This form is required for ALL LICENSES/PERMITS by State Law. Please note that all applicants who fail to submit this Affidavit must be reported by law to the Department of Community Affairs\*\***

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from the City of Dunwoody, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen  
(Must include copy of either current State Driver's License, Passport, or Military ID)
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States\*\*  
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.\*\*  
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

\*\*My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_  
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Dunwoody, Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/SEAL

My Commission Expires: \_\_\_\_\_